

TEXAS DIABETES

The Newsletter of the Texas Diabetes Council



5th Annual Diabetes Summit Scheduled for April 17-18, 2008

Since 2004, the Annual Diabetes Summit sponsored by the American Diabetes Association (ADA) has drawn hundreds of health professionals to Austin for a day of clinical updates presented by leading diabetes experts. Timely topics for break-out sessions, inspiring plenary presentations, and engaging exhibits combine to make this annual event a unique continuing education experience for local diabetes professionals as well as attendees from across the state.

This year, the 5th Annual Summit features an expanded two-day agenda, with clinical sessions on Friday, April 18. A comprehensive approach to diabetes care and control in Texas is the topic for Thursday, April 17, with sessions on health care delivery system redesign, advocacy, legislative action, community education, health policy, media messaging and more.

Attendees may register for each day separately or plan to attend both days.

Ann Albright, PhD, RD, Director, Division of Diabetes Translation at the Centers for Disease Control and Prevention (CDC) is scheduled to speak at the afternoon plenary session on Thursday, providing a national perspective on diabetes prevention and control. Albright is currently President of Health Care and Education for the ADA.

To view complete registration information, visit the ADA's Web site at www.diabetes.org/Summit.

5th Annual Diabetes Summit Innovations and Quality Care

April 17-18, 2008

7:30 a.m. – 4:30 p.m.

Airport Hilton, 9515 Hotel Drive, Austin TX

Continuing Education Credit available for physicians, nurses, dietitians, pharmacists, and certified diabetes educators

5th Annual Diabetes Summit

April 17
Comprehensive Approaches to Diabetes Care and Control
Physician's Reception

April 18
Clinical Care Techniques and Treatment

Registration Fees:

\$75 for April 17 Only

\$75 for April 18 Only

\$125 for April 17 & 18

For more information:

To register online, visit: www.diabetes.org/summit

Call the ADA today at (512) 472-9838

This activity is supported in part by unrestricted educational grants from the Texas Diabetes Council, Steps to a Healthier Austin, Care Improvement Plus, Texas Beef Council, Seton Family of Hospitals, and ResMed. ■

WINTER 2008

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TEXAS DIABETES
COUNCIL

Tight Glycemic Control Yields Decreased Mortality for Surgical Trauma ICU Patients in San Antonio

High blood sugar is often experienced in the hospital setting in response to injury, medication, stress, or surgery whether patients have diabetes or not. Research has indicated tight control of glucose levels among intensive care unit patients can reduce mortality rate, infection rate, renal failure, number of blood transfusions, length of stay, organ failure and ventilator days. However, methods for implementing protocols for glucose control in this setting and their results have varied.

Charles C. Reed, MSN, RN, Patient Care Coordinator in the Surgical Trauma Intensive Care Unit (STICU) at University Hospital in San Antonio gathered mortality and patient glucose control data for the STICU from 2001 through 2006 in order to show effects of an intensive insulin protocol started in the unit in 2004. Feedback from faculty, nursing leadership, and pharmacists was used to improve the protocol until it was deemed effective in 2006 and fully implemented among all hyperglycemic patients through a nurse designated for quality improvement activities.

Initial data indicates their efforts at tight glycemic control were successful. Based on point-of-care blood glucose level data for patients available from 2003 through 2006, mean blood glucose levels decreased

from 141 mg/dL in 2003 to 125 mg/dL in 2006. At the same time, the STICU's 2005 mortality rate was decreased by 30.2% with full implementation of the intensive insulin protocol, a result equivalent to 28 lives saved.

According to Reed, four elements were necessary for quality improvement: a process for collecting accurate patient information, ability to establish trends and compare against benchmarks, communication of data to the health care team, and champions to make it happen.

"If our team had been asked four years ago if measures were implemented to achieve tight glucose control in our ICU, we would have said yes. However, collection of data on patient glucose control revealed that we clearly had not achieved tight control. Only after implementing a formal protocol and dedicating a nurse to quality assurance did we see the majority of our patients within our target range of 80 to 110 mg/dL," said Reed.

Reed also credits the implementation of data mining software (RALS® Tight Glycemic Control Module – TGCM) with the STICU's most significant improvements in glycemic control between 2005 and 2006. Real-time display of glucose control data and ability to present glucose trends to those caring for patients resulted in improved

decision-making of nurses, physicians and pharmacists participating in the glycemic control program.

Reed is co-author of the article "Intensive Insulin Protocol Improves Glucose Control and is Associated with a Reduction in Intensive Care Unit Mortality" in the May 2007 issue of the Journal of the American College of Surgeons. (J Am Coll Surg. 2007 May;204(5):1048-54).

Additional Resources:

- ♦ The Texas Diabetes Council approved revisions to its *IV Insulin Infusion Protocol for Critically Ill Adult Patients in the ICU Setting* and *ICU Insulin Orders – IV Insulin Infusion Protocol* on October 25, 2007. (<http://www.dshs.state.tx.us/diabetes/hcstand.shtm>)
- ♦ The Roche Glycemic Advisor Program provides resources for implementing glycemic control programs in hospital settings, including a clinical expert network, literature compendiums, patient resources, case studies, and software solutions. Visit Roche Point of Care Diagnostics at http://www.poc.roche.com/poc/rewrite/home/en_US. ■

Tell Us What You Think About the Diabetes Tool Kit . . .

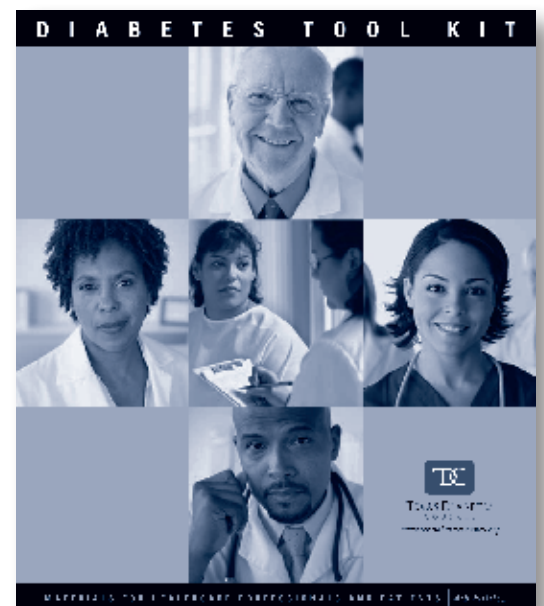
This fall, the 4th Edition of the Diabetes Tool Kit hit the shelves of diabetes professionals across the state. The TDC hopes those who order or download it online find the updated content useful in treating patients with diabetes and wants to hear more about its use in clinical practice.

Please take a moment to complete the Diabetes Tool Kit Survey found in the front of the Tool Kit (4th edition) and return in the postage-paid reply envelope provided. Or, complete the survey online at <http://www.tdctoolkit.org/survey/create>.

After January 1, those requesting tool kits online can complete the survey simply by clicking the survey button on the order confirmation page that appears after an order has been submitted.

Your feedback is greatly appreciated and helps guide content for future editions!

Limited quantities of the Tool Kit can be ordered free of charge via the TDC home page at www.texasdiabetescouncil.org. ■



Governor Appoints Six Council Members

In October, Gov. Rick Perry announced appointment of six new TDC members, completing appointments to all expired/ vacant positions. For a complete listing of all TDC members and positions held, visit the TDC web site: <http://www.dshs.state.tx.us/diabetes/tdcmembr.shtm>

Neil Burrell, DPM, of Beaumont is a doctor of podiatric medicine in private practice at Podiatry Associates of Southeast Texas. He currently serves as clinical assistant professor at the University of Texas Medical Branch in Galveston. Burrell is appointed as a consumer member.

Timothy Cavitt of Spring is group vice president for Crane Energy where he directs

business growth and development. He is a member of the Gulfcoast Safety Council and the Texas Safety Board, and volunteers with the American Diabetes Association. Cavitt is appointed to the TDC as a consumer member.

John Griffin of Victoria is an attorney and the managing partner of Marek, Griffin and Knaupp. Previously a staff attorney for the Comptroller of Public Accounts, he also serves as chair of the American Diabetes Association Legal Advocacy Subcommittee. Griffin is appointed to the TDC as a consumer member.

Curtis Triplitt, PharmD, of San Antonio is a clinical assistant professor at the University of Texas Health Science Center at San Antonio. He also works at the Texas Diabetes Institute where he is involved as an investigator in multiple diabetes research studies and clinically manages patients with diabetes. Triplitt is chair of the Texas Diabetes Council Medical Professionals Advisory Subcommittee and is appointed

to the TDC as a person with experience and training in public health policy.

Melissa Wilson, MD, of Corpus Christi is the medical director of the Morris L. Lichtenstein Jr. Medical Research Foundation. Her medical practice focuses on research and treatment of diabetes, and diabetes education. Wilson is appointed to the TDC as a member of the general public with expertise or demonstrated commitment to diabetes issues.

Don Yarborough of Garland is the Surgical Hospital Program Director at Doctors Hospital at White Rock Lake in Dallas. Yarborough is a member of the Dallas American Diabetes Association Leadership Council and serves as the Dallas American Diabetes Association Advocacy Chair. He is appointed to the TDC as a member of the general public with expertise or demonstrated commitment to diabetes issues. ■

Hayley Recognized for 11 Years of Council Service

At the quarterly TDC meeting in October, Richard (Rick) S. Hayley of Corpus Christi received a TDC service award for 11 years as a consumer member. Appointed in 1996, Hayley has testified on behalf of legislation to form the Texas Juvenile Diabetes Research Advisory Committee, and participated in numerous initiatives to educate legislators, health care professionals, law enforcement, schools, and his fellow South Texans about diabetes issues.

Sharing his personal experience with diabetes through local television and radio interviews since 1994, Hayley helped KIII TV in Corpus Christi launch the Be S.A.F.E. from Diabetes public service campaign for South Texas in 2006. He continues to appear in a series of public service announcements to promote diabetes management and physical activity. In 2007, he joined the South Texas Obesity Prevention (S.T.O.P.) coalition formed through Driscoll Children's Hospital to fight obesity in South Texas.

An advocate for education of law enforcement regarding diabetic emergencies, Hayley served as a content expert and TDC spokesperson for an educational video to be distributed to law enforcement training officers in Texas during 2008.

Hayley is a regular speaker at diabetes children's camps, support groups and local events of the American Diabetes Association and Juvenile Diabetes Foundation. He serves on the Board of Directors for Texans for the Advancement of Medical Research (TAMR) and is

co-director and spokesman for Smoke-Free Corpus Christi, a coalition of health experts and advocates for a comprehensive no smoking ordinance. ■



TDC Chair, Victor Gonzalez, MD (right), presents TDC member Rick Hayley with a TDC service award for accomplishments as a consumer member from 1996 through 2007.

Gateway Community Health Center in Laredo Partners with Florida Medicare Quality Improvement Project

In September, FMQAI, the Medicare Quality Improvement Organization for Florida, partnered with Gateway Community Health Center, Inc., of Laredo to provide free Diabetes Empowerment Education Program training (DEEP) to community volunteers in 33 Florida counties as part of its *Every Diabetic Counts* project.

The project is designed to help Hispanics and African Americans with type 2 diabetes improve diabetic outcomes and address disparities in diabetes through a community based, culturally appropriate diabetes self-management program. Volunteers from faith and community based organizations receiving the two-and-a-half-day training will use what they learn to offer five weeks of diabetes education classes to persons with diabetes in communities throughout Florida.

The DEEP curriculum was developed by the University of Chicago Midwest Latino Health Research, Training and Policy Center, pairing national diabetes self-management guidelines with an empowerment approach. Goals include preventing complications and disability, improving and maintaining quality of life, increasing physical activity, improving eating habits, and improving medical self-management skills. Participants are also taught to mobilize family and social networks and strengthen partnerships with their primary clinician and health care team members in order to achieve diabetes management goals.

In Texas, Gateway Community Health Center has implemented the curriculum in diabetes education classes for residents of Laredo and Webb county with the support of Community Diabetes Project (CDP) funding made available by the Texas Diabetes Program at the Texas Department of State Health Services. Along with another Texas CDP, Migrant Health

Promotions in Weslaco, Gateway has trained community health workers from diabetes education programs across Texas.

The DEEP curriculum has also been taught to *promotor(a)s* (community health workers) in preparation for delivering family-focused diabetes education in the homes of persons with diabetes along the border as part of the intervention phase of the U.S. Mexico Border Diabetes Prevention and Control Project.

Since 1997, the Midwest Latino Health Research, Training and Policy Center has conducted studies in diabetes empowerment with funding from the Centers for Disease Control and Prevention Division of Diabetes Translation. Their work demonstrates how diabetes education programs delivered by community health workers can be effective with minority and disadvantaged populations. ■

Resources for Community Health Workers:

The Promotor(a) or Community Health Worker Training and Certification Program at the Texas Department of State Health Services provides leadership to enhance the development and implementation of statewide training and certification standards and administrative rules for Promotor(a) or Community Health Worker (CHW) training in Texas. (<http://www.dshs.state.tx.us/chpr/chw/default.shtm>)

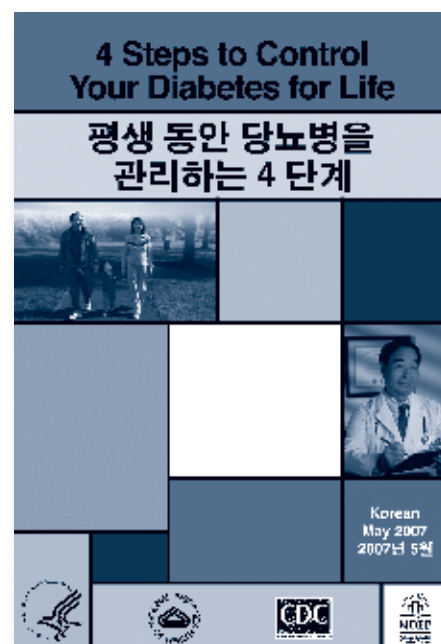
4 Steps Brochure Available in Eight Asian and Pacific Islander Languages

Diabetes and pre-diabetes rates continue to increase in Asian American and Pacific Islander (AAPI) communities and one of the biggest challenges health care professionals face is reaching out to those within this community – who, in many cases speak little or no English – with culturally appropriate educational materials.

Now, a greater number of people within the AAPI community can learn the four steps necessary to stay healthy by helping them understand, monitor, manage, and care for their diabetes.

NDEP's *4 Steps to Control Your Diabetes For Life*, for years a widely-used resource for people newly diagnosed with diabetes as well as for those living with diabetes, is available in eight AAPI languages: Cambodian, Chinese, Korean, Samoan, Tagalog, Thai, Tongan, and Vietnamese.

Free copies of all eight versions of the brochures are available to download or order by visiting www.YourDiabetesInfo.org or by calling 1-888-693-NDEP. ■



National Kidney Disease Education Program (NKDEP) News

New Resource Available for Diabetes Educators

In response to a need expressed by diabetes educators, a key audience for NKDEP, a *Quick Reference on UACR and GFR* fact sheet has been developed to provide information on two important kidney measures: urine albumin-to-creatinine ratio (UACR) and estimated glomerular filtration rate (GFR). For each measure, the fact sheet addresses topics such as criteria for chronic kidney disease (CKD); interpretation of test results; and benefits, recommendations, and warnings.

The piece can be downloaded from the NKDEP website at www.nkdep.nih.gov/resources/uacr_gfr_quickreference.htm. Print copies will be available to order by Spring 2008.

NIDDK Releases 2007 Annual Data Report

The United States Renal Data System's (USRDS) nineteenth Annual Data Report (ADR) is now available. The ADR is the most comprehensive report of kidney failure-related data. New to the ADR is a chapter focused on a timely area of concern related to the public health of the kidney disease population. In this edition, the Emerging Issues chapter looks in detail at the mortality during the first year of end-stage renal disease (ESRD) treatment—an area of particular concern, as it has

improved little over the past decade. Other topics include projected ESRD counts and costs through 2020, and data on the care and outcomes of patients affected by Hurricane Katrina.

For more information or to order the report, [visit www.usrds.org](http://www.usrds.org).

NIDDK Website Features Health Information in Spanish

The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) has launched a new portal to feature Spanish-language materials and resources about kidney and urologic diseases on its website. The portal is available at www.kidney-espanol.niddk.nih.gov.

The NIDDK website also links to the Spanish-language pages for NKDEP at www.nkdep.nih.gov/espanol and MedlinePlus at www.medlineplus.gov/spanish.

2008 World Kidney Day

The second annual World Kidney Day will be held on March 13, 2008. World Kidney Day is a joint initiative of the International Society of Nephrology (ISN) and the International Federation of Kidney Foundations (IFKF). For more information about World Kidney Day, please visit www.worldkidneyday.org. ■

New AHRQ Guides Summarize Effectiveness, Safety of Oral Diabetes Medications

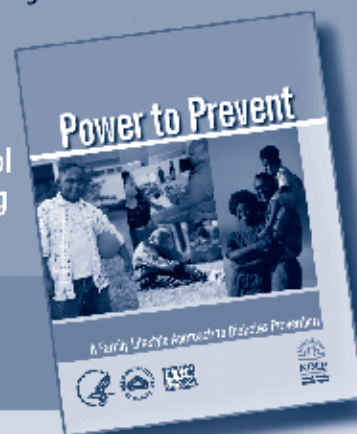
In December, the Agency for Healthcare Research and Quality (AHRQ) released a pair of guides that outline the latest scientific evidence on the effectiveness and safety of oral medications for adults with type 2 diabetes. AHRQ's analysis summarizes evidence on the effectiveness and adverse events for all commonly used type 2 diabetes medications. As new classes of oral diabetes medications have become available, patients and clinicians have faced a growing list of treatment options and choices. The consumer-targeted guide, called *Pills for Type 2 Diabetes: A Guide for Adults*, includes information on types of diabetes pills commonly available for adults, how well they work, possible side effects, and medication costs. The clinician's guide, called *Comparing Oral Medications for Adults With Type 2 Diabetes*, includes more detail on those topics and "confidence ratings" for evidence to support research conclusions.

Visit the AHRQ Web site to view and order print copies: <http://effectivehealthcare.ahrq.gov/reports/index.cfm>. ■

Power to Prevent

A Family Lifestyle Program for Diabetes Prevention

This multigenerational curriculum helps African American families and communities prevent and control diabetes through healthy eating and increased physical activity.



The curriculum contains:

Developed for community-based organizations, faith-based communities, diabetes educators and other program leaders, this curriculum contains:

- Twelve 60-90 minute interactive modules focusing on physical activity, nutrition and diabetes prevention
- A leader's guide with steps for a successful program
- Evaluation tools to help leaders know if they are making a difference
- Accompanying CD-ROM with free materials that you can use to enhance the program

Order your free copy of the Power To Prevent curriculum by calling 1-800-738-5383, shipping and handling fees may apply. Or visit www.ndep.nih.gov for a free downloadable version.



The U.S. Department of Health and Human Services National Diabetes Education Program is jointly sponsored by the National Institutes of Health and Centers for Disease Control and Prevention with the support of many other NIH partner organizations.

Self-Monitoring of Blood Glucose Among Adults with Diabetes — United States, 1997–2006

Using data from the Behavioral Risk Factor Surveillance System (BRFSS), researchers found that the number of adults with diabetes who checked their blood glucose levels at least once a day increased by over 22 percent between 1997 and 2006.

In 2006, over 63 percent of respondents checked their blood glucose at least once daily. This surpassed the national health objective of 61 percent, as outlined in Healthy People 2010, a government framework for achieving specific health objectives by the year 2010.

Findings are published in the Centers for Disease Control and Prevention's Morbidity and Mortality Weekly Report, November 2, 2007 / 56(43); 1133-1137.

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5643a3.htm?s_cid=mm5643a3_e.



TEXAS DIABETES
COUNCIL
www.texasdiabetescouncil.org

Texas Diabetes Council Members

Council members are appointed by the Governor and confirmed by the Senate. Membership includes a licensed physician, a registered nurse, a registered and licensed dietitian, a person with experience in public health policy, three consumer members, four members from the general public with expertise or commitment to diabetes issues, and five state agency representatives who are non-voting members.

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Texas Department of Aging and Disability Services

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